Substance Abuse and Mental Health Services Administration
DISASTER TECHNICAL ASSISTANCE CENTER

RESOURCE LIST

Disaster Behavioral Health Planning

Prepared by the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC), ESI, under contract with the Emergency Mental Health and Traumatic Stress Services Branch, Center for Mental Health Services, SAMHSA.

Peer-Reviewed Journal Articles

Bailey, B.E., Hallinan, M.M., Contreras, R.J., and Hernandez, A.G. (1985). Disaster response: The need for community mental health center (CMHC) preparedness. *Journal of Mental Health Administration*. 12(1):42-6.

This article discusses the importance of planning at the local community level, and includes a literature review and a checklist for before, during, and after a disaster for mental health coordinators, as well as a list of necessary supplies.

Barton, G.M. (1985). Disaster preparedness from an emergency psychiatric perspective. *Emergency Health Services Review*. 3(2-3):313-23.

This article focuses on disaster planning for psychiatric emergency care personnel, and discusses planning objectives for the type of disaster, suggestions for interagency collaboration, and references from the Vermont and Michigan State disaster plans.

Becker, S.M. (2001). Are the psychosocial aspects of weapons of mass destruction incidents addressed in the Federal Response Plan: Summary of an expert panel. *Military Medicine*. 166(12 Suppl):66-8.

A panel made up of representatives from federal agencies, the armed services, and the academic community, addressed the extent to which psychosocial issues are integrated into the Federal Response Plan. The panel also recommended areas where further assessment is necessary to maximize efforts in consequence management.

Becker, S.M. (2001). Meeting the threat of weapons of mass destruction terrorism: Toward a broader conception of consequence management. *Military Medicine*. 166(12 Suppl):13-6.

The article outlines six limitations of current practices in dealing with the psychosocial issues surrounding weapons of mass destruction. These limitations include a minimal focus on long-term recovery issues, a lack of attention to social issues, no consideration for scenarios with primarily psychosocial effects, limited incorporation of social and behavioral science research, a non-integrated general response, and insufficient attention to fundamental issues such as the re-establishment of trust after a disaster.

Peer-Reviewed Journal Articles (continued)

Benedek, D.M., Holloway, H.C., and Becker, S.M. (2002). Emergency mental health management in bioterrorism events. *Emergency Medical Clinics of North America*. 20(2):393-407.

The article provides recommendations for communities in planning to respond to a bioterrorism threat. Training, public communication, and regular practice could alleviate the chaos that could accompany a bioterrorist attack. The authors stress the importance of training and preparation for emergency medical responders because they will identify the attack, and they must distinguish the medically unaffected, who might display similar symptoms due to fear of exposure, from the medically affected.

Bowencamp, C. (2000). Coordination of mental health and community agencies in disaster response. *International Journal of Emergency Mental Health*. 2(3):159-65.

This article discusses the curriculum, disaster experience, and terrorist attack response of the American Red Cross (ARC) over the past 10 years. The collaboration of community mental health centers and the ARC has facilitated efforts in treating traumatic stress responses.

Bradford, R. and John, A.M. (1991). The psychological effects of disaster work: Implications for disaster planning. *Journal of the Royal Society of Health*. 111(3):107-10.

Disaster mental health coordinators must plan to address the psychological consequences of disaster work by identifying staff who may be vulnerable to psychological distress. The authors discuss staff selection, training, use of resources, supervision, debriefing, and counseling.

Call, J.A. and Pfefferbaum, B. (1999). Lessons from the first two years of Project Heartland: Oklahoma's mental health response to the 1995 bombing. *Psychiatric Services*. 50(7):953-5.

The authors detail the lessons learned in planning and service delivery after the 1995 Oklahoma City bombing. The Project Heartland program was the first community mental health program designed to work with survivors in the short-term aftermath of a terrorist attack.

Cozza, S.J., Huleatt, W.J., and James, L.C. (2002). Walter Reed Army Medical Center's mental health response to the Pentagon attack. *Military Medicine*. 167(9 Suppl):12-6.

Following the 9/11 attack on the Pentagon, the Walter Reed Army Medical Center provided complex mental health services in cooperation with civilian medical, mental health, and relief agencies. The article describes how services were provided to family members of victims, the roles and functions of the mental health team members, and lessons learned from the mission for future deployments.

Peer-Reviewed Journal Articles (continued)

Dailey, W.F. (2001). Planning for the unthinkable. *Behavioral Healthcare Tomorrow*. 10(6):SR23-7.

This article discusses the preliminary and secondary responses of the State of Connecticut in the hours after the 9/11 terrorist attacks. The author outlines the State and Federal collaboration that took place in Connecticut, and the lessons learned for future preparedness planning.

Darden, M.L. (2002). Wake of September 11th attacks: Implications for research, policy and practice. *Journal of the National Medical Association*. 94(2):A24, A27-9.

The author provides an overview of the National Consortium for African-American Children meeting on November 6, 2001 on bioterrorism and children. The post 9/11 heightened emotional atmosphere fostered collaborative preparedness planning among leaders in child advocacy, health, mental health, insurance, economics, law enforcement, and media technology, and evolved into an unprecedented model for future coalition building.

Dodgen, D., LaDue, L.R., and Kaul, R.E. (2002). Coordinating a local response to a national tragedy: Community mental health in Washington, DC after the Pentagon attack. *Military Medicine*. 167(9 Suppl):87-9.

Post 9/11 community mental health in the Washington, D.C. area led to the creation of the Mental Health Community Response Coalition, which offers opportunities for networking among nonprofit, private, government, and military relief organizations, as well as provides a model for other metropolitan communities.

Everly, Jr., G.S. (1999). Toward a model of psychological triage: Who will most need assistance? *International Journal of Emergency Mental Health*. 1(3):151-4.

This paper offers a simple set of guidelines to create a system of psychological triage for individuals in crisis. The author incorporated clinical empiricism and applied physiological concepts in designing this program, and such a program could facilitate efficient and valuable mental health services in time of crisis.

Flynn, B.W. and Nelson, M.E. (1998). Understanding the needs of children following large-scale disasters and the role of government. *Child and Adolescent Psychiatric Clinics of North America*. 7(1):211-27.

The complex needs of children after a disaster are the responsibility of families, schools, and health care providers. These needs are often not met, and this literature review provides guidance and planning tools for mental health professionals treating children after a disaster.

Fraser, J.R. and Spicka, D.A. (1981). Handling the emotional response to disaster: The case for American Red Cross/community mental health collaboration. *Community Mental Health Journal*. 17(4):255-64.

This paper discusses a collaborative approach for the Red Cross and community mental health agencies for integrating professional resources and early intervention skills to prevent long-term community distress after a disaster. A working model is included.

Peer-Reviewed Journal Articles (continued)

Hoge, C.W., Orman, D.T., Robichaux, R.J., Crandell, E.O., Patterson, V.J., Engel, C.C., Ritchie, E.C., and Milliken, C.S. (2002). Operation Solace: Overview of the mental health intervention following the September 11, 2001 Pentagon attack. *Military Medicine*. 167(9 Suppl):44-7.

The Army created a proactive behavioral health response to the Pentagon attack to minimize the short and long-term effects of mass casualty disasters. This article addresses the goals, methods, and principles behind the plan.

Hyams, K.C., Murphy, F.M., and Wessely, S. (2002). Responding to chemical, biological, or nuclear terrorism: The indirect and long-term health effects may present the greatest challenge. *Journal of Health Politics, Policy, and Law*. 27(2):273-91.

The authors advocate a greater emphasis on the indirect effects of bioterrorism attacks, especially on the medical, social, economic, and legal long-term consequences. The authors also recommend working toward a comprehensive plan incorporating emergency response with health care, risk communication, economic assistance, and government legislators.

Jacobs, G.A., Quevillon, R.P., and Stricherz, M. (1990). Lessons from the aftermath of Flight 232. Practical considerations for the mental health profession's response to air disasters. *American Psychologist*. 45(12):1329-35.

This article discusses the execution of a city disaster mental health plan following the crash of Flight 232 at Sioux City, IA. The article details the responsibilities and activities of the crisis counselors and provides a checklist of planning criteria necessary for a competent disaster response.

Klitzman, S. and Freudenberg, N. (2003). Implications of the World Trade Center attack for the public health and health care infrastructures. *American Journal of Public Health*. 93(3):400-6.

The authors assessed the strengths and weaknesses of New York City's response to public health, occupational health, and mental health demands following 9/11. The lessons learned can be applied to the evolution of social services in urban environments.

Leonard, R.B. (1988). Role of pediatricians in disasters and mass casualty incidents. *Pediatric Emergency Care*. 4(1):41-4.

The author discusses the role of a pediatrician before, during, and after a disaster. Stressing the importance of active participation in community public health planning, the pediatrician must counsel parents and children on how to cope with stress and fear. An outline of suggested duty assignments for hospital personnel during a disaster is included.

Lichterman, J.D. (2000). A "community as resource" strategy for disaster response. *Public Health Reports*. 115(2-3):262-5.

This article assesses disaster planning at the community level, and specifies hard and soft mitigation concerns specific to the type of disaster. The author presents a "community as resource" model of community emergency preparedness.

Peer-Reviewed Journal Articles (continued)

Mangelsdorff, A.D. (1985). Lessons learned and forgotten: The need for prevention and mental health interventions in disaster preparedness. *Journal of Community Psychology*. 13(3):239-57.

This is a literature review of legislation and disaster research addressing combat stress reactions from wartime experiences. The author applies treatment principles developed in war to concepts found in stress literature. Examples of mental health services delivery are described.

McFarlane, A.C. (1986). Long-term psychiatric morbidity after a natural disaster: Implications for disaster planners and emergency services. *Medical Journal of Australia*. 145(11-12):561-3.

The researchers assessed 459 firefighters exposed to bushfires in South Australia for posttraumatic stress disorder (PTSD). Twenty-one percent of the firefighters were continuing to experience imagery of the fire twenty-nine months after the fire, indicating the long-term nature of PTSD. Present disaster mental health plans fail to recognize this long-term morbidity, and the author urges the development of preventive mental health programs for PTSD.

Mitchell, J.T. (1999). Essential factors for effective psychological response to disasters and other crises. *International Journal of Emergency Mental Health*. 1(1):51-8.

This article presents guidelines for effective community crisis and disaster response teams' activities in a disaster. The author discusses resources to enhance a psychological team's response resulting in better crisis intervention services.

Parkes, C.M. (1991). Planning for the aftermath. *Journal of the Royal Society of Medicine*. 84(1):22-25.

This article evaluates the scientific justification for crisis intervention through a literature review. Planning for disasters and assessment tools for the impact and aftermath are discussed, and the long-term needs of an impacted community are outlined.

Pynoos, R.S., Goenjian, A.K., and Steinburg, A.M. (1998). A public mental health approach to the postdisaster treatment of children and adolescents. *Child and Adolescent Psychiatric Clinics of North America*. 7(1):195-210.

This article extols the importance of mental health intervention programs for children exposed to disaster and guides mental health officials in implementing triage and treatment procedures.

Silver, T. and Goldstein, H. (1992). A collaborative model of a county crisis intervention team: The Lake County experience. *Community Mental Health Journal*. 28(3):249-56.

This is a collaborative model designed to deliver clinic-based, school-oriented, integrative disaster services. It was created for rural populations to cope with situations of suicide, accidental death, and natural disasters. A case study of an adolescent suicide is outlined to present the elements of the model in a school setting.

Peer-Reviewed Journal Articles (continued)

Summers, G.M. and Cowan, M.L. (1991). Mental health issues related to the development of a national disaster response system. *Military Medicine*. 156(1):30-2.

The author presents the rationale for adding a comprehensive mental health component to the National Disaster Medical System to serve both disaster survivors and first responders.

Weisaeth, L., Knudsen, Jr., O., and Tonnessen, A. (2002). Technological disasters, crisis management and leadership stress. *Journal of Hazardous Material*. 93(1):33-45.

In this study, researchers assessed 246 employees exposed to an industrial disaster in the acute aftermath. Psychological resistance is discussed and documented as 42 percent of those who received a diagnosis of posttraumatic stress disorder (PTSD) were extremely reluctant to seek treatment. The author argues that primary and secondary prevention outreach must be very active.

SAMHSA and Other Publications

Substance Abuse and Mental Health Administration
Center for Mental Health Services
Mental Health All-Hazards Disaster Planning Guidance

American Red Cross
Your Family Disaster Plan

American Red Cross
Disaster Preparedness for People with Disabilities

Federal Emergency Management Agency
Are You Ready? A Guide to Citizen Preparedness

Federal Emergency Management Agency
State and Local Guide (SLG) 101: Guide for All-Hazard Emergency Operations Planning

Federal Emergency Management Agency
Introduction to State and Local EOP Planning Guidance

Federal Emergency Management Agency
Federal Response Plan

State Program Materials

David Wee, Disaster Mental Health Coordinator
Mobile Crisis Team, City of Berkeley Mental Health, Berkeley, CA
Mental Health Impacts